HOSP 19 ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after bath. Page be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-chould be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. in 24 hours after The law requires that the death certificate be execute

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 03085

1	1. PLACE OF DEATH a. COUNTY Cecil	2. UST		CE (Where dec	b. COUN		idance bafor	a admission)
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF S write RURAL and give nearest lown)	TAY IN 1b c. C	TY OR TOWN (	If outside corpo	rate limits, write	RURAL and	jiva naarest t	own)
0	Perry Point 3yrs.10m d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ac  Perry Point Veterans Hospital		Elkton reet address None	21			OI	RESIDENCE N A FARM? NO X
	3. NAME OF First Middle DECEASED		Last	4. DATE	Month		Day Y	ear
	(Type or print) Barbara Unger	Aus	tin	DEATH	3		6 1	962
,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED 8. DATE O	FBIRTH	9.	AGE (In years last birthday)	IF UNDER 1 YE		ER 24 HRS.
	Female White WIDOWED X DIVOR	CED 1-27-	72		90 yrs.	Months Da	ys Hours	min.
	10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, aven if ratired)	OR INDUSTRY 11. BIF	THPLACE (Cour	nty & Stata, or fo	oraign country)	12. CITIZE	N OF WHAT	COUNTRY?
В	Nurse	Ne	w York			Uni	ted St	ates_
T	3. FATHER'S NAME	14. MO	HER'S MAIDEN	NAME				
1	Mr. Charles Unger	Ma	ri e De	is				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unkown) (Ifyes give wer or detes of service)				Address			
н	Spanish American War None	Hospita	l Recor	ds, VA	H, Perry	Point	, Md.	
	18. CAUSE OF DEATH [Enter only one cause per line tor (a), (b), end						ONSET AN	
	PART I. DEATH WAS CAUSED BY Multiple pu	almonary i	nfarcts	right	lung			lays
Ħ	DUE TO							
	Conditions, if any, which (b) Bronchopnes	amonia bil	ateral	severe			6-10	days
Ž.	gava rise to immediate ceusa							
1	(a), stating the underlying causa last.  (c) Arterioscle	erosis gen	eralize	be			unkr	lown
7		ATH BUT NOT RELATED	TO THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1	a) 19. WAS	AUTOPSY FORMED?
	Arteriosclerot	ic heart	disease					NO [
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE  Arteriosclerot  208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJUR OP CONTRIBUTING   CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)			4	of item 1B.)			
	20c. TIME OF INJURY Month, Day, Yeer While Not While at work at work		URY (Homa, farr offica bldg., atc		or town)	(Count)	r)	(Stata)
	21. I certify that 200 (MAX NOVE) attended the decea	sed from Apri	1 23,	195.8., to	March 6	1962	ki àctentacs	sek sex x
	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
	22a. SIGNATURE	477	ENDING	MED.	STAFF		2	2b. DATE SIGNED
	a.L. Mooney	M.D. PHY		DIRECTOR	PHYS.		3-	7-62
1	22c. PHYSICIAN'S	nical Pat	ADDRESS hologie	st, VAH	,Perry	Point	Md.	miles.
		CEMETERY OR CREM.	ATORY	23d. LOCA	ATION (City, to	wn or county)		(Stata)
	Burial (Spacify) 3/9/62 (1/C)	erry Hill		El	kton, 1	Marylan	nd	
	24 FUNERAL DIRECTOR'S SIGNATURE alph 6. NERORES	0/	25a. RE	C'D BY REGIST	RAR 256. RE	GISTRAR'S SI	GNATURE	
	Hicks Funeral Home, Elkton, Ma	aryland	DATE M	AR 1 4 '62	? a	Thun 8. 7	Trans	

burney. Lion 10.7 Substitute 1. Electric Isray Point Jesigna er man, da o veral 200 การสถา "(Stant! office of F > 5/2/1922 Museine The Case of the Court of A 1 9 CENTE DE ANT Home Home Tolon 1 tel Recorde, The Ferry Lotat, Id. and mablement distance

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ROMAN RESIDENCE OF THE STATE OF

A. I. Mooney aget. Olingenl Laghand total, Telling total, Je.

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Micke Tuneral Home, alklon, Maryland

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death. Page 4 be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. n 24 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be executed

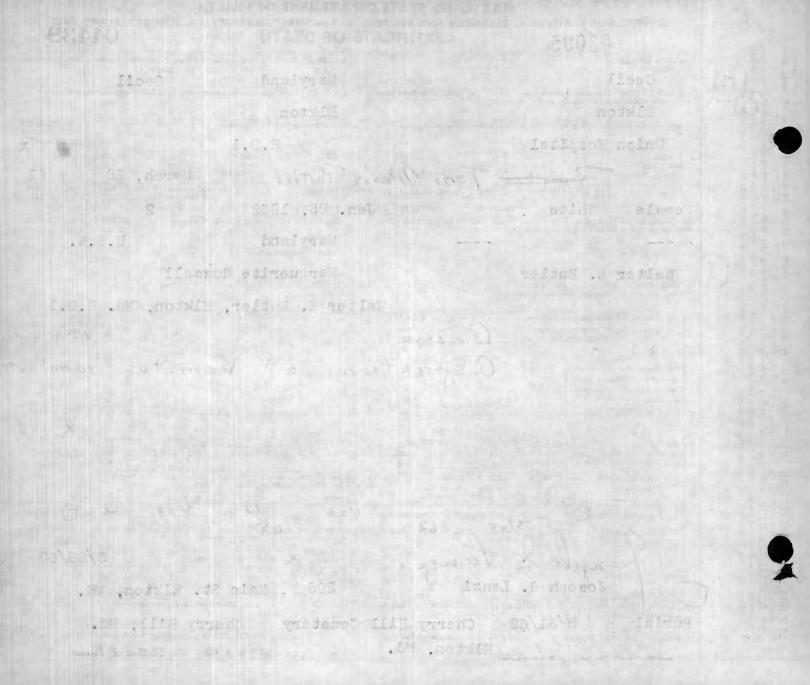
TO HOSPI death, Page 4 TO FUNERAL VR A15 (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DE				· ·	If Institution: Residence before admission
	Cecil	MARYLAND	a. STATE Pe	ennsylvania .co	Cumberland
	VN (if outside corporate limits, and give nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corporate limits, w	rite RURAL and give nearest fown)
Perry F		loyrs6mo.15day	Sh Sh	ippensburg	75 × · 3
	SPITAL OR INSTITUTION (if not		d. STREET ADDRES		e. IS RESIDENCE
Veterans	Administratio	n Hospital	117	N. Penn Stree	ON A FARM? YES NO YES
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mo	nth Dey Yeer
(Type or print)	LYDA	J.	BAILY	DEATH Man	ch 14 19 62
5. SEX			B. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female	4 49 4 1	DOWED DIVORCED	10-27-87	last birthday 74 yrs.	Months Deys Hours Min.
10a. USUAL OCCU	PATION (Giva kind of work	106. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Co	ounty & Stele, or foreign countr	y) 12. CITIZEN OF WHAT COUNTRY
	f working life, even if retired)  ewife	Own Home	Pittsbur	ch Do	USA
13. FATHER'S NAM		Own nome	14. MOTHER'S MAIDE		UDA
	H. H. Hyla	nd		. Jones	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?		INFORMANT	Addr	555
(Yas, no, or unkown	(If yes give wer or dates of service	0)			
Yes	WW-I	None Ho	spital Rec	ords, VAH, Pe	erry Point, Md.
	OF DEATH [Enter only one caus				ONSET AND DEATH
PARI I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pyelitis, acut	e, bilater	al	
6 0	DUE TO				
Conditions, if	/ V 4 V				
geve rise to imr	mediate causa				
(e), stating the	e underlying DUE TO				
causa last.	) (c)				
Z PART II. O					IVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
CAT	Arterios	clerotic heart d	isease wit	h decompensat	ion YES NO K
OR CONTRIBUTI	T WAS UNDERLYING  TO CAUSE OF DEATH TIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURED	). (Enter netura of injury	in Pert I or Pert II of item 18.)	
	The state of the s				
20c. TIME OF I			ACE OF INJURY (Home, fory, street, office bldg.,		(County) (State)
P.	.m. 77 A 19	et work at work			
21   certify	v that XIX White X Max (NOX (NOX))	attended the deceased from	August 27	1951 to March	114, 1962 xxxxxxxxxxxx
22e. SIGNATU		AAAAAAAAA, and ma	destil occured at	3:50am	s and on the dele stated above
226. SIGNATO	2 Verly	~	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	5 3-14-62
22c. PHYSICIAI		EN Chief, Medic	22d. ADDRESS	e, VAH, Perry	Point, Md.
23a, BURIAL, CHEM	NATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county) (State)
Burlia	3-47-196	Unionvil:		Kennett Sc	quare, Pa.
24 UNIKAS DIREG	MORIS/SIGNATURY A MULLIC	ADDRESS		REC'D BY REGISTRAR 256. I	- 0 10
LIE A. P.	ATTERSON & SOI	V, Perryville, N	Id. DATE	MAR 1 6 '62	Iring S. Trans

JEA STORY 1000 Lines 24 4 4 4 4 4 4 stellar adadation than inappent of the plan in the second interest 41 .el danudatte com don don eller donne, la company H. H. Hernet .. Towns at L. H. H. . Di umani temet , la , atracent larkendi un sent ment il. Elentatio , atoon , attitoy a the last route bear discounted the description is a Carrieran in the contract of t media to to make the court of the court of the court of the court of the Langue Seuces, Del. LICE TO SERVE AND A SERVE OF THE SERVE OF TH

4		Item 20 Film 312 5-3-MARYLAND STATE	DEPARTMENT OF HEALTH	
		DIVISION OF STATISTICAL RESEARCH AND RECORD	DS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
n		03095 CERTIFICA	TE OF DEATH	)4439
s after funeral should	0	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, If institution: Re-	sidence before edmission)
the fu	M	a. COUNTY Cocil MARYLAND	a. STATE Maryland Cecil	
658		b. CITY OR TOWN (if outside corporate timits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give nearest town)
2 5	), ,-	Elkton	X Elkton	16 DECIDENCE
Page	65	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
letely pers. 72 hor		Union Hospital	R.D.1	YES NO T
0 00		DECEASED (Type or print)	Butler DEATH March, 28	8 19 62
d com	11	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y	EAR   IF UNDER 24 HRS.
and carb			Jan. 25, 1962   last birthday)   Months   Do	eys Hours Min.
ficat cian cian ove		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
certification physician semove any even				S.A.
ng P ease		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
the death attending Then please	(1)	Walter E. Butler 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Marguerite Russell INFORMANT Address	
e atten Then Then		(Yes, no, or unkown)   (If yes give we ror dates of service)		D D 3
축 수 축 두 봄		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	alter E. Butler, Elkton, Md.	I INTERVAL BETWEEN
vsiciar d by perm		PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
phy phy igne igne insit	7	9210 DUE TO	. 0	
ding ding ding en s en s	V	Conditions, if eny, which are rise to Immediate cause	ion of Vomitus	10 minut
The attents be berried buried		gave rise to Immediate cause (e), stating the underlying DUE TO		
or or a	2	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(e) 19. WAS AUTOPSY
CIA pital fical fical	1	None		PERFORMED?
hos cert			D. (Enter neture of injury in Pert I or Part II of item 18.)	-
PH the		200. ACCIDENT WAS UNDERLYING MODEL 200. DESCRIBE HOW INJURY OCCUPE OR CONTRIBUTING I CAUSE OF DEATH SPONTANEOUS VOMIT U (IF EITHER, NOTIFY MEDICAL EXAMINER) tion of same	(Accident	) aspira-
After tache		20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 200. PI While Not While fa	LACE OF INJURY (Home, farm, ' 20f. (City or town) (Count ictory, street, office bldg., etc.)	ty) (Stete)
H 5 9	07		Home Elkton Ceci	Md.
ATTEN be retail CTOR: ald be d		21. I certify that (1) (this hospital), attended the deceased from	1/26 1962, 10 3/28 196	thaf (1) (we) last
A Pe			at deeth occured at (1	ne date stated above.
DIRE 3 show	2	22e. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/28/62 SIGNED
RAL page		22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHTS.	0/20/02
HOSPILLIANT PAGE FUNERAL ector, page	1	MANE (Type) Joseph G. Lanzi	205 W. Main St. Elkton.	Md.
death. Pa		238. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY		
5 g 5 g 3	0	Burial 3/31/62 Cherry Hil:		
VR A1S (4)	PI	24 FUNERAL DIRECTOR'S SIGNATURE EIKton, Md.	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SI	
13M 7/01	A	Halpu G. HICROSTATON, Ma.	DATE MPR 1 9 '62 Outhur 1	, rounds
		2-802108		



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY GOOD or death. If any deay is necessary, and 3 to the funeral director. Page i may be retained for your files.

2 with the State Board of Health, MO Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural- Conowingo, Md Fort Geo. G. Meade U.S Army Camp Native of Md Brunswick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Dam Rt. 1 & 222 at North and of YES NO 3. NAME OF 4. DATE Month Year DECEASED (Type or print) DEATH 19 Joseph 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with last birthday) Months Hours WIDOWED DIVORCED Page 5 is 1 and 2 in 72 hou 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? 24 hours af ve Pages 1, 2 PM3. Page done during most of working life, even if retired) U.S. Army U.S.A.THY pages within Md U-S-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME No information Joseph Daniel Clark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas givewer or dates of service) e along with i Tes 6-12-59to3-24-62 219-34-5595 Capt.Frederic L. Mundy Co. Hq. & Hq. Co. USAGO Fort Geo.G. Meadaval BETWEEN " in pencil in Office alon burial-trans IMMEDIATE CAUSE (a) Compound, comminuted fracture, right &

Due to left parietal benes with destruction of removal, (b) underlying meninges and braintissue Conditions, if any, which "pending" gave rise to Immadiate cause (0) ate, writing the word "pending" or the Chief Medical Examiner's PR: Page 3 should be used as a vice to burial, cremation, or rei DUE TO (e), slating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO DO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Pert II of item 18.) CAUSE OF DEATH. Riding in truck which went over wall of Conowingo Dam 20d. INJURY OCCURRED \$20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Year (County) (State) 5:30 Hour a.m. fectory, street, office bldg., atc.) While prior at work et work Conowingo 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X 0 Inquiry and in my opinion DIRECT death resulted from: Natural causes Accident K Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU C. Dodson MD NAME (Type) Address (Streat, city, town, or county) Rising Sun. Md. 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 240 g Fark Heights Cemetery Brunswick, Maryland 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Perryville. md. MAR 2 8 '62 Chrimas S. Thomas

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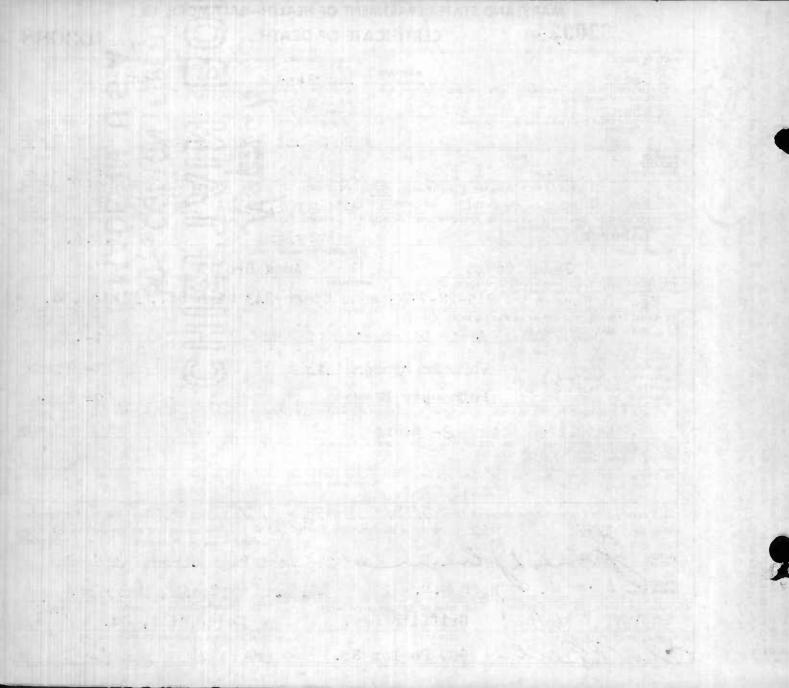
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by the and 2 death.			write RURAL end	if outside corporate limits	, c.	LENGTH OF STAY IN 16	c	Maryla . city or town	(If outside corp	orete limits, write	ecil RURAL and	give ne	erest tov	wn)
ily filled in s. Pages 1 hours after	X			TIE TAL OR INSTITUTION (if Tanna Ave.	not in hospital	Life I, give street eddress)	10	Perryv					ON	ESIDENCE A FARM?
papers. n 72 ho			NAME OF DECEASED Type or print)	First		Middla	11	Last	hanna A	Month	2	Dey	Yee	1
S 2 =		5.	SEX	6. COLOR OR RACE		Marshall NEVER MARRIED		.llespie	9	. AGE (In yeers last birthday)	IF UNDER 1		IF UNDER Hours	
		10e	SUAL OCCUPAT  e during most of wo	White ON (Give kind of work orking life, evan if retired	WIDOWED [	OF BUSINESS OR INDUS	TRY 11.	15/97 BIRTHPLACE (Cou	inty & State, or	64 yrs.		ZEN OF		COUNTRY?
g physician ise remove in any ever		F	PATHER'S NAME			lroad	14. A	Maryland	, Cecil	. Co.	U.	S.		
aftending p Iten please val, and in a	(I)		Joseph Gil	lespie	CES?   16. SO	CIAL SECURITY NO.   17.	INFOR	Effie Bo	ulden	Address				
the aft t. The moval,		(Ye	Yes	fyes give weror detes of se  WW-1  PEATH [Enter only one	716	-12-3079 He	elen	C. Gille	spie, F	erryvil	le, Ma	LIMITE	DV/AL DE	TVA/EENI
t permit			PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (0)_	Car	cer of		lung	rig	let		8	MC MC	DEATH MIHS
en sigr Il-transi ematio			Conditions, if eny			0		1	10			-		
has be e buria rrial, cr	^		(e), steting the u	nderlying DUE TO										
titicate se as th or to bu	0	CATION	PART II. OTHER	R SIGNIFICANT CONDIT	IONS CONTRI	BUTING TO DEATH BUT I	NOT RELA	TED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART		PERFO	NO X
for use for use the price of the		CERTIFI	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRII	BE HOW INJURY OCCUR	ED. (Enter	neture of injury in	Pert I or Pert I	l of item 18.)				
etacher of Hea		MEDICAL	20c. TIME OF INJU Hour e.m.	JRY Month, Dey, Yee	While _			INJURY (Home, fer eet, office bldg., et		y or town)	(Cour	nty)		(State)
CTOR: Id be d P Dept.			21. I certify t	hat (I) (this hospit	al) attended	the deceased from								
DIREC 3 shoul ne State			22e. SIGNATURE	-P. A	11.	)	1	ATTENDING PHYS.	MED.	STAFF PHYS.	3 -	2:	7 _ /	_
page with the	1		22c. PHYSICIAN'S NAME (Type)	TOHN	6	YUN	711.57.	2d. ADDRESS	RRYU	115		140	/	م مر
director, be filed			REMOVAL (Specify)			SE. NAME OF CEMETER		EMATORY		ATION (City, to				itete)
A15 (4) 9/60	al	124	FUNERAL DIRECTOR			Asbury Cemet			EC'D BY REGIS	Port De	eposit Gistrar's s Lethur &	IGNATI		and
100	10	1	ew, va	newny	- cm	Perryville,	Liar. A	Tallu DATE	MAKZI	02   6	would be	. , , , ,		

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TO HOSPITE. ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after	death. Factory DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
TO HOSPITE ATTENDING PHYSICIAN:	Gealn. Factor. DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit permit.	be filed with the State Dept. of Health prior to buri

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1	MARYLAND STATE DEPA
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3

MARYLAND STATE DEPARTMENT OF HEALTH
ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	U3100 CERTIFICA	TIE OF DEATH	04448
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased live	ed, If institution: Residence before edmission)
	a. COUNTY	1/10 - //11/01	COUNTY CO
-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1		write PUPAL and give nearest town)
	write RURAL end give nearest town)	c. CITT OK TOWING IT OUTSIDE CORPORATE ITMITS	, write KOKAL and give neerest town)
	EIKTON 10 DAYS	21 EIRION	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	UNION HOSPILAL	116 HallingsWast	TO MANOR YES NOR
3.	NAME OF First Middle	Lest 4/DATE	Month Day Year
	DECEASED (Type or print)	1/1 MARTH M.	-1 10 10/3
6	DAY IU	OTTINGSWARTS	VARIS LIF UNDER 1 YEAR   IF UNDER 24 HRS.
3.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In last birth	
/	MAIR WHILE WIDOWED DIVORCED	Dec 9, 1903 58	yrs.
10:	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU	STRY   11. BIRTHPLACE (County & State, or foreign co	untry) 12. CITIZEN OF WHAT COUNTRY?
00	ne during most of working life, even if retired)	Charles Ca Paul	11 SA
13.	FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	NAT. C.O.
7		F1. 1 +1 -	7) 1
<u> </u>	AVID F. HOLLINGSWORIN, SR	Elizabelh -	Pyle
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. s, no, or unknown)   (If yes give were detected from the control of the	INFORMANT	ddress
,	No	NN MARIE Hell	Was WORT h
	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).]	7.7.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	22 / 22 / 1	ONSET AND DEATH
	IMMEDIATE CAUSE (0) 17 y pertesive	cardiowascular d	iscase years
	T + 2 DUE TO with Consci	tive Heart Failure	
	Conditions, if eny, which (b)		
	gave rise to immediate cause DUE TO		
	(e), stating the underlying cause last.		
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMINAL DISEASE CONDITIO	NI GIVEN IN PART 1/a) 1 10 WAS AUTOPSY
ģ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITIO	PERFORMED?
CERTIFICATION	edenne's cirthosis u	vith ascites	YÉS NO
E		RED. (Enter nature of injury in Pert I or Pert II of item 18	(.)
E	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
₹	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. I	PLACE OF INJURY (Home, farm, 1 20f. (City or town)	(County) (State)
MEDICAL	Hour e.m. While Not While	actory, street, office bldg., etc.)	
3	p.m. 19 et work et work	1	
	21. I certify that (I) (this hospital) attended the deceased from	n. June, 1960, 10 M2	r.c.lg. L. & 19.42, that (I) (we) last
	saw the deceased alive on 192 reh 18 1962, and the	at death occured atM, from the car	uses and on the date stated above;
	22a. SIGNATURE 7 7		22b. DATE
		M.D. PHYS. DIRECTOR PHYS.	SIGNED
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	0-21-61
	NAME (Type)	2 122 5	12 12111 121
	1//man (), Johnson 1	10 123 3 inser'y	tue ElAton 19d
23		Y OR CREMATORY 23d. LOCATION (C.	ity, town or county) (State)
	BURIAL Specify 3/22/62 UNION H	ill Cemeler Kennoll	SAULARE, HENNA.
24	and the second	25a. REE'D BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE
	Ralph & Winds FIRT	/ Md DATE SINK 1 9 '62	arthur & Hears

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### STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF REALTH DEPT. 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) 1. PLACE OF DEATH is necessary director. Page For your files. e. COUNTY e. STATE b. COUNTY Cecil MARYLAND Cecil c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (il outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Earlville d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street eddress) . IS RESIDENCE Boa ON A FARM? retained he State B YES NO NAME OF 4. DATE Last Month Dey Yeer Wesley DECEASED OF s 1, 2, and 3 to the age 5 may be re 1 and 2 with the 72 hours after of (Type or print) DEATH John Jacks 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (fn years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthdey) Months Days Hours WIDOWED DIVORCED should be executed within 24 hours after g", in pencil in Item 18. Give Pages 1, 2, 8. Office along with form PM3. Page 5 a burial-transit permit. File pages 1 and emoval, and in any event within 72 ho 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY LACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farming Farmi mg Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME No information John Husselt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service) 220-07-6899 Sis Feaes: Charlestown, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Occlusion acute IMMEDIATE CAUSE (e) Coronary 5 minutes DUF TO Conditions, if eny, which (b) to, writing the word "pending" the Chief Medical Examiner's ( R: Page 3 should be used as a b for to burial, cremation, or rem geve rise to immediate cause DUE TO (e), steting the underfying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work 다 는 보 to the certificate forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER DEPUT And please execute the should be forward by FUNERAL DISTRICT Its designated a ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) R.C. Dodson 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) 22e. BURIAL, CREMATION, REMOVAL (Specify) 0 40 6 April, 4, 1962 Johntown Cemetery Earleville, Md. Rural. Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Clather S. Hair 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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	DIVISION OF STATISTICA 03102	AL RESEARCH AND RECORDS  CERTIFICAT		TREET, BALTIMORE 1,	MARYLAND 03092
M	PLACE OF DEATH		a. STATE	Whera dacaasad livad, If instituted b. COUNTY	
	b. CITY OR TOWN (if outside corporate lin write RURAL and give naarast town)	mits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporata limits, writa RURAL	. and give nearest town)
5-	Elkton d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street address)	Galena d. STREET ADDRESS	/	• IS RESIDENCE ON A FARM
3	Union Hospital	st Middle	Last 4.	DATE Month	YES NO Day Year
1	(Typa or print) Philip	Bernard	Ireland	OF March	31, 19 62
	Male White	WIDOWED DIVORCED	October 27,1882	9. AGE (In years IF UND last birthday) 79 yrs.	S Days Hours Min.
d	Da. USUAL OCCUPATION (Giva kind of wo lone during most of working life, even if reliferm Labor	10b. KIND OF BUSINESS OR INDUSTR	Galena, Md.	1	J.S.A.
15 ()	Joseph P. Ireland.  5. WAS DECEASED EVER IN U.S. ARMED FO Yas, no, or unkown) (If yasgivawarordaleso	214-34-6024 Mr	Elizabeth Konformant s. Frances Gil	ennard Address	A, Md.
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a  Conditions, if any, which gava rise to immediate cause (a), stating the undarlying cause last.	Pulmonary Embolis	rt leg.	ional metastase	onset and death min
CERTIFICATION	Senility v	DITIONS CONTRIBUTING TO DEATH BUT NO PETHER STRICTURE 1 206. DESCRIBE HOW INJURY OCCURED			ART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
MEDICAL CERTI		H (R) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P			County) (State)
W	7	oital) attended the deceased from.  182 31 1902, and that			19.52, that (I) (we) la
1	220. SIGNATURE  22c. PHYSICIANS NAME (Type)	06.1.	ATTENDING MED. PHYS.  22d. ADDRESS  Cocilton	TOR STAFF PHYS.	2 April
	36. BURIAL, CREMATION, 236. DATE THE REMOVAL (Specify) April, 3	IEREOF 23c. NAME OF CEMETERY	OR CREMATORY 2	Galena, Kent Co	243

MARYLAND STATE DEPARTMENT OF HEALTH

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20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

Year

1962

min.

21. I certify that I attended the deceased from

work at work

alive on\_ 3-23-62

ADDRESS (Street, city or town, stote) Ave. North East, Md.

\_, 19.6.2that I last saw the deceased and that death accurred at 1.0 PM, from the causes and on the date stated above.

ACTUAL PHYSICIAN'S

Luis M. Cuza

NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

Ebenezer **ADDRESS** 

East, Maryland

240. REC'D BY REGISTRAR DATE MAR 2 8 '62

Rising Sun Rural, Cecil Md 24b. REGISTRAR'S SIGNATURE

Christing & Thousand

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TO FUNERAL D VS A1S (4) 1SM 9/SB

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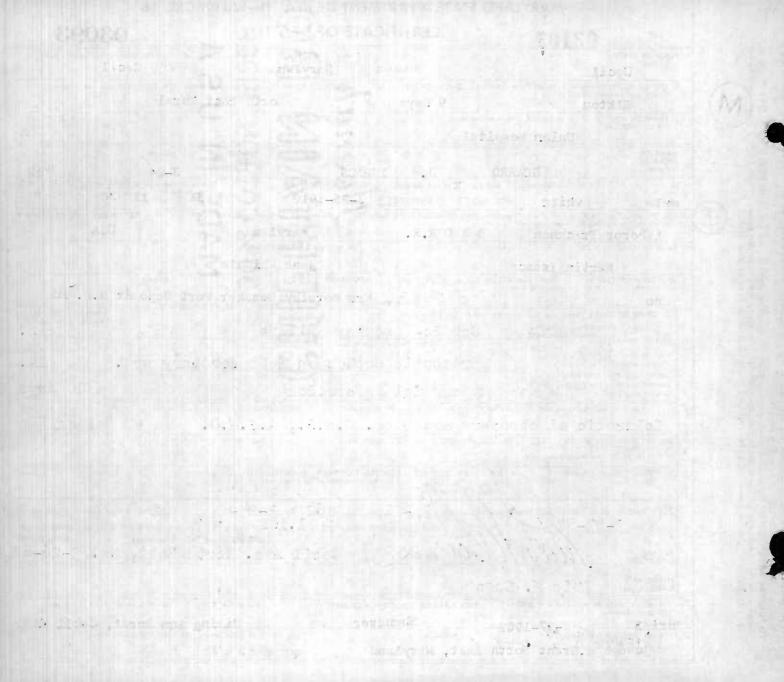
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registrar

DIRECTOR:

er death. Page 4

PHYSICIAN: The law requires that the death certificate be executed within 24



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03104 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN Uf outside corporate fimits, write RURAL end give c. LENGTH OF STAY IN 16 neerest town) write RURAL and give Rearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgress) IS RESIDENCE ON A FARM? YES NO-NAME OF 4. DATE Month Day Yeer Middle C Last DECEASED OF DEATH (Type or print) 19 6 and col With AGE (In years | IF UNDER 1 YEAR | 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 5. SEX 7 MARRIED NEVER MARRIED 8 last birthdey) Months | Days MIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or loreign country) done during most of working life, even if retired) 13. FATHER'S NAME RMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFOR (Yes, no, or unkown) (If yesgife wer or detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION Se o PERFORMED? NO 200. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour e.m. at work et work p.m. 19 6 ...... 196.2 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from......) to. DIREC 1962 and that death occurred at 3/24M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22 SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. 6 PHYS. M.D. ADDRESS HYSICIAN'S eath. Par NAME (Type) filed v 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION. 0.58 AL (Specify) ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) Civing S. Hraus 15M 7/61 DATE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE LONGRY CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY a. STATE Cecil MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give nearest town) Perry Point .57 60 Days Washington. D. C. filled ir. Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO Y 118 46th St. S. E. completely 3. NAME OF 4. DATE Month DECEASED (Type or print) DEATH HENRY EUGENE JOHNSON 19 March 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys WIDOWED DIVORCED 48 Negro Ha. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Messenger VA Office Vandalia. Missouri U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ed Johnson Orpha King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) VA Records, VAH, Perry Point, Md. Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 To 3 Mon. IMMEDIATE CAUSE (a) Of Prostate With Metastases. Carcinoma DUF TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED Uremia NO A 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. HIJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that ( (this hospital) attended the deceased from January 3 ...... 1962 to March 4 ....... 1962, homotoxicologic COOPEROXED DAILOR TO THE Causes and on the date stated above. 22e SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS NAME (Type) BERNARD S. LINN. M.D. VA HOSPITAL. PERRY POINT, MD. 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

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39-62 L. Bynowygonery No 54

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TO HOSPY

See that the death certificate be executed in 24 hours after the death certificate be executed in 24 hours after death. Page death. Page to retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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. PLACE OF DEA!	TH				SUAL RESIDER	NCE (Where	deceased lived, If b. COUN		Residenc	e before e	dmissio
	Cecil		MARYLA		. STATE	Md.	8. COUN	Ce	ci7		
b. CITY OR TOWN	(if outside corporate limit	5,	c. LENGTH OF STAY I	N 1b c	. CITY OR TOWN		porate limits, write	RURALen	d give n	eerest tow	1)
	nd give nearest town)		00	Y	-	7	2221			- 11 -4	
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			ESTATION							YES X	NO [
NAME OF DECEASED	First		Middle		Last	4. DATE	Month	1	Day	Yeer	
(Type or print)	HARVEY	7	T	TENT	DOM	DEAT	H Mar.		22	19	62
SEX	6. COLOR OR RACE	7 MAPPIED	NEVER MARRIED	8. DATI	E OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR	IF UNDER	- france
35-7-						00	last birthday)	Months	Deys	Hours	Min.
Male	White	WIDOWED	<u> </u>	- + 1 O A B	16, 18	86	75 yrs.	1 10 000			
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Millrig			Steel		Charles	town.	Md.		U.S.	A.	
FATHER'S NAME				14. A	AOTHER'S MAIDEN	NAME			-		
Tares T	T				~	2 - 73	7				
	Leedom EVER IN U.S. ARMED FOR	TES2   14 S/	OCIAL SECURITY NO.	17. INFOR	MENT	rie B	Address				
	(If yes give wer or detes of se		CCIAL SECORIT 140.								
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			e for (e), (b), end (c).]							ERVAL BET	
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	ATH WAS CAUSED BY:						235		ON	SET AND D	
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MARYLAND STATE DEPARTMENT OF HEALTH

#6050

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	DE ÉNT	03107		CERTIFIC	CATE OF DE	ATH	EN ST	Reg. Dis	st. No	30	97				
1. F	PLACE OF DEATH D. COUNTY Cec	cil	11-	MARYLAN	a STATE		ed lived. If institution b. COUNTY		ce befor						
Ł	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi earest tawn)	ts, write	c. LENGTH OF STAY IN 1	b c. CITY OR TO	WN (If autside carp	porate limits, write R			rest towr	1)				
	lkton	TAL (If not in haspital, g	lun etrant	addrawl	d. STREET ADD					e. IS RES	IDENICE				
	or institution		ive sireer	0001635/	d. SIREET ADL	, KE 33	1			ON A	FARM?				
I	NAME OF DECEASED (Type or print)	Isabe.		Middle Clark	Manlove Manlove	4. DATE OF DEAT		th	27		Year 1962				
. S	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months	1 YEAR Days	Hours	R 24 HR				
_	emale	White	WIDOW	464	July 8,18		64 yrs.	1							
a.	. USUAL OCCUPATION during most of work	ON (Give kind af wark of king life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLAC	E (State or fareign	country)	12. CITI	ZEN OF	WHATC	OUNTRY				
page 11	ousewife			)wn Home	Mo			U.	S.A	•					
	FATHER'S NAME	CHAIN THE			14. MOTHER'S M		ACCEPTED.								
		omas Clark				Ellen Ve									
		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	INFORMANT		Add								
1	No.			None	Miss, Emily	M. Manlo	ove, Ceci	lton,	Md	• Ru	ral				
1		ATH [Enter anly ane ca		ne far (a), (b), and (c).]						RVAL BE					
	PART I. DEA	TH WAS CAUSED BY:	LE	FT HEM	IPLEGIA				0	SDA	45				
	33	DUE TO								>					
	Canditians, if a		CE	REBRAL "	HEMORE	HAGE			0	Dity	15				
	gave rise to i cause (a), stating lying cause last.		0-		ARTER 10 SO		5	ari.	10	14EAR					
	PART II. OTH	HER STGNIFTCANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL DISEA	SE CONDITION GIV	'EN IN PAR	T 1(a) 1	PERFO	AUTOPS'				
CALICA	, , , , , , , , , , , , , , , , , , , ,					20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
CERTIF	20a. ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature af i	njury in Part I ar Po	art II af item 18.)								
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STATE OF STA 

TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY. b. COUNTY Pennsylvania 179 Chester MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Perry Point 25yrs8mos19days Parkesburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Veterans Administration Hospital none YES NO First 4. DATE Month DECEASED March FRANK 19 62 (Type or print) MILLER DEATH 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and 69 yrs. Months Hours Male 1892 White WIDOWED -DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Railroad Dauphin County . Penna. USA Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Miller Rose (?) Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give wer or detas of service) Hospital Records, VA Hospital, Perry Point, Md Unknown Yes 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema IMMEDIATE CAUSE (a) DUE TO l Dav Coronary Occlusion Conditions, if eny, which gave rise to immediate ceuse DUE TO (a), stating the underlying Arteriosclerotic Heart Disease Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Diabetes Mellitus NO prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work el work The state of the s 22b. DATE 22e. SIGNATURE ATTENDING PHYS. DIRECTOR FUNERAL rector, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Asst. Path. VAH, Perry Point, Maryland A.L. MOONEY, M.D. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) P g g 3-14-62 Baltimore National Baltimore, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 JUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Keson. de Grace. Md. MAR 1 6 '62 DATE Cirthur S. Traus

MARYLAND STATE DEPARTMENT OF HEALTH

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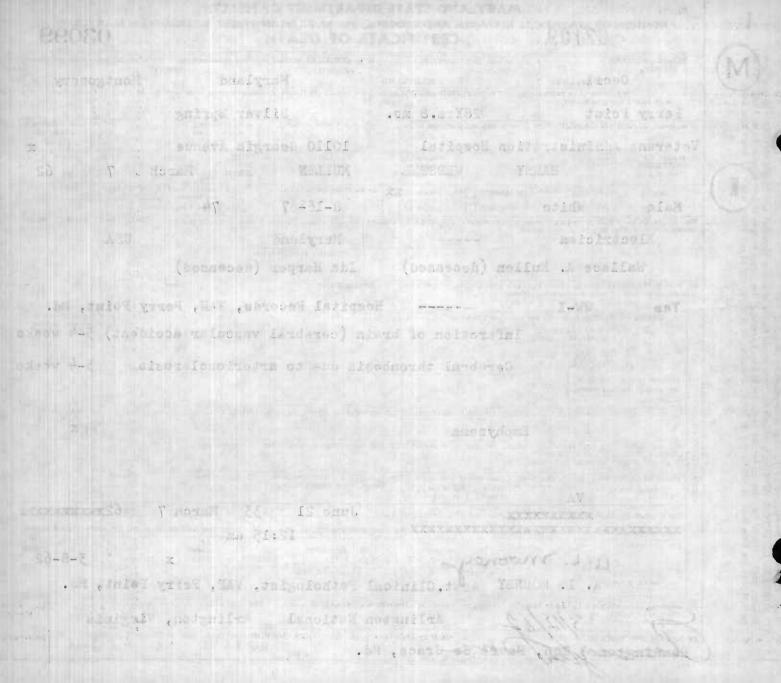
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15M 7/61

	DIVISION		WARYLAND STATE DI RESEARCH AND RECORDS CERTIFICAT		N STREET, BALTIM	ORE 1, MARY	YLAND 3099
	PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE S. STATE	CE (Where decessed lived, If i b. COUN	TY .	/
	b. CITY OR TOWN (i	f outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16	The state of the s	f outside corporate limits, write	RURAL and give n	
	Perry Po	int	28Yrs.8 mo.		lver Spring	15	40 - 2
			of in hospital, give street address)	d. STREET ADDRESS			ON A FARM?
	NAME OF	dministrati	on Hospital	Last Ged	rgia Avenue	Day	Yeer
	DECEASED (Type or print)	HARRY	WEBSTER	MULLEN	DEATH Marc	ch 7	19 62
5.	Male	10.11	MARRIED NEVER MARRIED 8.	8-16-87	9. AGE (In years last birthday) 74 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
		ON (Give kind of work rking life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign country)		WHAT COUNTRY?
12	Elect:	rician		Maryland  14. MOTHER'S MAIDEN		USA	
13.		ace A. Mull	en (deceased)		r (deceased)		
	PART I. DEATI  Conditions, if any geve rise to immedi (e), steling the uncause last.	fyesgive were redates of serv  WW - I  IEATH [Enter only one ca  H WAS CAUSED BY;  IMMEDIATE CAUSE (e)  DUE TO  (b)  ele cause  nderlying  DUE TO  (c)	use per line for (e), (b), end (c).] Infarction of brai	in (cerebra	arteriosclero	cident)	erVal Between 3-4 weeks 3-4 weeks
NOL	PART II. OTHER		ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV		PERFORMED?
L CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	nphysema				
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	VA 19	While Not While factor work et work	CE OF INJURY (Home, farm ory, street, office bldg., etc	.)	(County)	(State)
			xattended the deceased from				
	22a. SIGNATURE	K.K.K.K.KAA SANIE SOK	XXXXXXXXXXXXX and that			and on the da	ZZD. VAIE
	22c. PHYSICIAN'S NAME (Type)	u	JEY Asst. Clinical	D. PHYS. D. I	st, VAH, Perr	y Point,	3-8-62 Md.
23	DURIAL CREMATI REMOVAL (Specify)	ON, 23b. DATE THEREO	DF 23c. NAME OF CEMÉTERY		23d. LOCATION (City, tov Arlington,	vn or county)	(Stete)
24	FUNDERAL DIRECTOR	S SIGNATURE	ADDRESS  ADDRESS  ADDRESS  ADDRESS		MAR 1 6 '62 256. REC	Chilling S. A.	

DATE



TO HOSE
death. Page
be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the prior to burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03100

1.	PLACE OF DEATH						NCE (Where		institution: Reside	nee before	admission)
		eci1		MARYLAN		Mary 1ar	nd	b. COU	Cecil		
	b. CITY OR TOWN (in	outside corporate lim give nearest town)	its,	c. LENGTH OF STAY IN	1b c.			orporate limits, wri	e RURAL end give	nearest to	wn)
-	R1kte			1 day	X	Ru		orth East			
				pital, give street address)	1 9	STREET ADDRES	S			ON	RESIDENCE A FARM?
3.	NAME OF UN1	on Hospita		Middla	- 11	Last	4. DAT	E Mont	h Dey	Yes	
	(Type or print)	~					OF DEA:	TH		10	
		Garı			Oldi			Marc		19	62 R 24 HRS.
J ,	. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE	OF BIRTH		last birthday)	Months Deys	Hours	Min.
	Male	White	WIDOWE	DIVORCED _	Sep	t 17, 1	1871	2 90rs.			
H d	Da. USUAL OCCUPATI	ON (Giva kind of working life, even if retire	ed)	IND OF BUSINESS OR IND		BIRTHPLACE (Co	unty & Stete,	or foreign country	12. CITIZEN	OF WHAT	COUNTRY?
	Trackman	- Farmer	B	& O R.R. R			Jersey	y	USA	S	
13	B. FATHER'S NAME				14. N	OTHER'S MAIDE	N NAME				
		jamin Old				Cornel	lia			H	
	5. WAS DECEASED EVE (es, no, or unkown)   (If			SOCIAL SECURITY NO.	17. INFOR	MANT		Addres	S		
	no			- /	Ceci	1 County	Welfa	are recor	ds Elk	ton.	Md
-	18. CAUSE OF D	EATH [Entar only one	cause per l	ine for (a) (b), end (/).]		10		1	1 11/	TERVAL BE	TWEEN
	PART I. DEATH	MAS CAUSED BY:	Ca	notio Va	scul	as F	- RI	lung		5 M	rin
	142	O. O DUE TO	0	1- a	200	na boar	1-1	1		1 51	Me
	Conditions, if eny		Va	rainc N	co	repen,	an	m			1
	gave rise to immedia (a), stating the un	DITE TO	1	1 50 1	1 7	/				Vac	10
	cause last.	) (c)		to w. L	7 . 1	,				/ xu	vs.
O	PART II. OTHER	SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BU	T NOT RELA	TED TO THE TERM	MINAL DISEA	SE CONDITION GI	VEN IN PART 1(e)	19. WAS	ORMED?
X	1 4. A		HYL	ertous	0	\				YES	NO A
CERTIFICATION	20e. ACCIDENT WA	S UNDERLYING	20% DES	CRIBE HOW INJURY OCC	URED. (Enter	nature of injury i	in Pert I or Pe	rt II of item 18.)			
		MEDICAL EXAMINER									4,
MEDICAL	2Dc. TIME OF INJU Hour a.m.	RY Month, Day, Yo	er 20d. While			INJURY (Home, fa et, office bldg., e		City or town)	(County)		(Stete)
W.	p.m.	//19	et wor				i				
	21. I certify th	nat (1) Whighosp	atten	ded the deceased fr			100		196.2		
	saw the deceas	ed alive on	3/ -/	2.7196.2 and	that death	occured a	ZAM, fr	om the causes	and on the c	late state	ad above
	22e. SIGNATURE	11 . 1	10			TTENDING HYS.	MED.	STAFF	de.	1 . 23	b. DATE SIGNED
	1 /	LINDA	KU	sa			DIRECTOR	PHYS.	GI	MIZ	2-19/
	22c. PHYSICIAN'S NAME (Type)		11		_ 2	2d. ADDRESS	1600	11 clf	-0 A	m	1
	NAME (Type)	LUISI	YI. C	LUZA		Clail	we.	Noun	Cost.	114	d
2	3a. BURIAL, CREMATI	ON, 23b. DATE THE	REOF	23c. NAME OF CEMET	ERY OR CR	MATORY	23d. LG	OCATION (City, to	own or county)	(	State)
	Buria1	4-2-19	62	Bay View	Metho	list	No	orth East	R.D. Ce	cil C	0 . Mc
2.	FUNERAL DIRECTOR	SIGNATURE	11/14/17	ADDRESS		25a. R	REC'D BY REC	GISTRAR 25b. RI	EGISTRAR'S SIGNA	ATURE	
	Toseph	Grantan	rth B	ast. Marylan	d	DATE	APR 3	'62	arthur S. to	rand	
-	The about I	110	A VAA LI	TO VE TIME Y TAIL	-						

00120 21-1dens decon insul Later Holy Hospi's afato afato the state of the s THE THE PARTY OF STREET STREET could county melined records to the con-A STATE OF THE COUNTY SEA THE RESERVE OF THE PROPERTY OF JOSEPH AND MARK THE LINE OF THE STREET

TO HOS

VR A15 (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03101

	Items 23a & b. Fil	m G310 4	14/62 30	-1-	OOLO	
1. PLACE OF DEATH  o. COUNTY		2. USUAL RESIDEN			Residence before	dmission)
	MARYLAND	e. STATE Mar	yland	b. COUNTY	Baltimore	6
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16			limits, write RURAL	end give neerest fow	n)
write RURAL end give nearest town) Perry Point.	1 month 22 days		Bradshaw		124.2	
d. NAME OF HOSPITAL OR INSTITUTION (if n		d. STREET ADDRESS				ESIDENCE
Veterans Administratio	n Hospital	Reyno	lds Road			A FARM?
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Yea	1-
(Type or print) OSCAR	FRANK	RAY	DEATH	March	31, 19	62
5. SEX   6. COLOR OR RACE   7.	MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. A	GE (In years   IF UND		
37 3 - 79 11		cember 22,	1889	st birthday) Months 72 yrs.	Deys Hours	Min.
10a. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTRY			ign country)   12.	CITIZEN OF WHAT	OUNTRY?
done during most of working life, even if retired)  Painter-retired	Painting	Reltimor	e County.	Md	USA	
13. FATHER'S NAME		4. MOTHER'S MAIDEN		Pice	UDA	
Frank Ray		Lilly Jorda	an			
15. WAS DECEASED EVER IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY NO.   17. IN	FORMANT		Address		
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unkown) (Ifyesgivewerordetesofserv Yes WW-I	220 20 7466 Has	nital Dasse	VAH.	, Perry P	oint Md	
18. CAUSE OF DEATH (Enter only one ca		pital Recor	ras, vali	, rolly r	I INTERVAL BET	CW/EEN
					ONSET AND	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	lobar Pneumonia w/ca	ivitation, r	t Lower &	middle	8 - 10	day
5 DUE TO				To	Je.	
Conditions, if any, which	physema, bilateral,	severe			Unkno	wn
geve rise to immediate cause	,					
(e), stating the underlying DUE TO						
cause last. (c)	INS CONTRIBUTING TO DEATH BUT NOT	DELATED TO THE TERM	UNAL DISEASE COL	NOTION GIVEN IN P	APT 1(a)   19. WAS A	UTOPSY
PART II. OTHER SIGNIFICANT CONDITION			MAE DISEASE COI	ADMINISTRATION OF THE PARTY OF	PERFC	PRMED?
Arteriosclerosis, gen					YES	но 📙
Arteriosclerosis, get  20s. Accident was underlying   2 00c. Contributing   cause of paath  (If either, Notify medical examiner)	Ob. DESCRIBE HOW INJURY OCCURED. (	Enter neture of injury in	n Pert I or Pert II of	item 18.)		
20c. TIME OF INJURY Month, Day, Year		E OF INJURY (Home, fe		town) (C	County)	(State)
20c. TIME OF INJURY Month, Dey, Year Hour e.m.	171110	y, street, office bldg., et	lc.)			
	af work et work				1- 11	
21. I certify that (1) (this hospital	) attended the deceased from F.	bruary 9,	1962 toM	arch31,	19.62 that (1)	(we) last
saw the deceased alive onMal	ch 31, 19.62, and that	death occured a	:AMM, from th	ne causes and or	n the date state	d above
22a. SIGNATURE	11	ATTENDING	MED.	STAFF	22b	. DATE SIGNED
1 4 7	Jarrel M.D	211116		PHYS. 3	3-31-	
22c. PHYSICIAN	1	22d. ADDRESS				
NAME TYPE J. L. GAREY		VAH.	, Perry P	oint, Mar	yland	
23a. BURIAL, CREMATION. 23b. DAIL THERE	252. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATIO	ON (City, town or co	unty) (S	tete)
REMOVAT (Specify)	Mt Christian (		Joppa.	Marylan	d	
Pemoval 3-31-52		0.00	The second secon	R 25b. REGISTRAR		-
-Jessel Julio	7401 BelAir R	روي		artius &		
LASSAHN FUNERAL HO	Baltimore 6, 1	MQ. DATE	3R 4 '62	Commit 2		

PARTY OF TOTAL POT THE Waller Calaba January Perry Point, Veterann Administration Hospital Reynolds Rond H. 287 (881,23 Younger) Painter-religion County Designate County 1d. .... Trends For 230 30 7460 hourdeal Records, Walls, Terry Tolant, Md. Lotur Francosia Wonvitation, ro lower a middle at a - 10 days Singu, Leastalid. Sameyigal area long. open. generalised, poderalely savere.

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February 9, 62 Hereh 31, 9 62 //

William Poster Committee

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TE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) y is necessary, director. Page of your files. e. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 writa RURAL and giva nearest town) Rising Sun Rural

d. Name of Hospital or Institution (if not in hospital, give streat address) d. STREET ADDRESS Rural a. IS RESIDENCE ON A FARM? the funeral retained to YES NO afe 3. NAME OF First Middle 4. DATE Lost Month Dey ithin 24 hours and 3. Give Pages 1, 2, and 2. from PM3. Page 5 may be resembled and 2 with the Si and DECEASED (Type or print) DEATH Fimothy Roger
6. COLOR OF RACE 7. MARRIED NEVER MARRIED Stroud IF UNDER 24 HRS. S. SEX 9. AGE (In yours | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months | Days Hours WIDOWED 10 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, even if retired) Virginia.

14. MOTHER'S MAIDEN NAME UNKnown none 13. FATHER'S NAME Unknow C. Stroud Foster Mother Frances A. Steele permit. (Yes, no. or unkown) | (If yes give war or detes of service) raing" in pencil in Item 18
ner's Office along with for as a burial-transit permit Roger C. Stroud Port Deposit Md. F 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH IMMEDIATE CAUSE (6) Compound, Comminuted DUE TO and temporal bones with extensive geve rise lo immediate cause "pending" (e), steting the underlying and loss of cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO X should ial, cr 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING the Chief Me the Chief Me R: Page 3 sho ior to burial, Heeid MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year (County) (Stete) Not While factory, street, office bldg., etc.) et work at work Koule 273 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | y Inquiry and in my opinion Accident X Natural causes Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER DEPUTE A slease execute the should be forw. FUNERAL DI or its designated a ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Y. EXAMINER'S NAME (Type) Address (Street, city, town, or county Rising ORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 40 6 Burial West Nottingham Cem. Colora Md GISTRAR'S SIGNATURE DATE MAR 1 6 '62 VS. AISME Crimin & Thomas Rising Sun. Md.

- Carrie , and make is so a temperate to the second t 300 E 1 /2/2962 .N.C.U ... plone alutariy some Manager Short Forter Roser G. Strong | Poster Mother Frances L. Stenle E. Jiebged First thouse. O regol Lurial . .. sacion .meo madantorou Jack . So \div \_ Leitud Alexander Bun, and.

nin 24 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be executed

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בא נוום	and 2	death
III Dellii	Pages 1	irs after
Digially	apers.	72 hou
100	d'adque	Within
Hysician and completely med in by me luneral	remove cartigo-papers. Pages 1 and 2 should	any event, within 72 hours after death.
-	0	an

be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending p irector, page 3 should be detached for use as the burial-transit permit. Then please filed with the State Dept. of Health prior to burial, cremation, or removal, and in

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			(4)	
15	M	7	61	

TO HOSE

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03103

1. PLACE OF DEATH			E (Where deceased lived, If Institut	ion: Residence before edmission)
Cecil	MARYLAND	a. STATE North	n Carolina	V
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write RURA	L and give neerest town)
write RURAL end give nearest town) Perry Point	14yrs.5mo.21d	Chon.	lotte	70 X - 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS	rocce	I . IS RESIDENCE
				ON A FARM?
Veterahs Administration		135½	S Tyron	YES NO T
DECEASED	Middle		4. DATE Month	Day Year
(Type or print) ALICE	L.	SULLIVAN	DEATH March	31 19 62
5. SEX 6. COLOR OR RACE 7. MARE	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UN last birthday)	
Female White WIDOV		12-31-88	73 yrs.	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS OR INDUSTR	Y   11, BIRTHPLACE (County	& State, or foreign country)   12	. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Nurse	Private	Massachus	e++o	USA
13. FATHER'S NAME	1111000	14. MOTHER'S MAIDEN N		ODA
	(3)		Sullivan (dece	(beec
Edward F. Sullive				aseu
(Yes, no, or unkown) (Ifyes give war or detes of service)		NFORMANT	Address	
Yes WW-I		spital Recor	eds, VAH, Perry	Point, Md.
1B. CAUSE OF DEATH [Enter only one cause pe	r line for (e), (b), end (c).]		THE STREET	INTÉRVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bro	onchopneumonia,	bilateral		7-10 days
1 4-2 O DUE TO				
And	teriosclerotic	heart dieses		unknown
gave rise to immediate cause	70110001010010	mear o diseas	56	auviionii_
(e), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO			AL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED?
3 Art	teriosclerosis	generalized		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO.  Art  20a. ACCIDENT WAS UNDERLYING  OP. CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	. (Enter nature of Injury in Pa	rt I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeer   20c	d. INJURY OCCURRED   200. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Yeer 20c Wh	nile Not While fack	ory, street, office bldg., etc.)		
2.111		1-1-1-10	Jon Wanah 77	(0
21. I certify that XIX (this box box box) after				
MANACHAS MANACHAS SANCH MANACH	XXXXXXXXX and that	death occured at 30	.M. from the causes and	on the date stated above.
22a. SIGNATURE	Marian Mariana	ATTENDING ME		22b. DATE SIGNED
a 1. Moon	ly M		ECTOR PHYS.	4-2-62
22c. PHYSICIAN'S	1	22d. ADDRESS		
NAME (Type) A. L. MOONEY	Asst.Clinical	. Pathologist	, VAH, Perry P	oint, Md.
230 BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or o	county) (State)
DEMOVAL (Specify)	Arlingt	on National	Arlington, V	ė.
DEMOVITED TO SUNATURE!	ADDRESS		BY REGISTRAR 256. REGISTRA	
	e de Grace, Md		4PR 5 62 Qu	hun S. Kraus
Anna Balland	0 40 01400, 114	DATE		

03103			With the	
	North Carolina		Geog D	
			71109	V1101
North Carolina  int. Cadaya Charleste  i	Integeof not	tabala ini m	an road	
	OTAN MAN BAVILLIPE	2.0		
	12-2-38	Thomas Comme	white	72-16-
		banktio		
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a variety	death in death o	Erwislowett will		
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SI GERRALES	Letelle 10 47 March			
	# 05:6			
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Petry roint Hype. 5m. 1438m Charlotte  Terry roint Hype. 5m. 1438m Charlotte  Terris an objected 157 157m March 31 52  Anale Anike 11-1-38 77  Lurus office March Mach 12-1-38 77  Lurus office Mach Mach 13 152 157m Mach 31  Lurus office Mach Mach 13 157m Mach 1400 157  Yes N-I Mane Mongital Macords, Viz. Party Fest, 149  Livenic quase mach 15 157m Mach 15				
	an alive the mail and the			
			. Aug Comple	

Division of S

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FOR STATE HEALTH DEPT. TO DEPUTA DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours give death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

IAIIS	IICAL RESEAR	CH AND RECORDS,	301 W. PRESTON S	IREEI, BALIIMORE	I, MAKYLAND
4	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	03104

1. PLACE OF DEAT	Ceci1		2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmis e. STATE Maryland b. COUNTY Cocit	sion)
	00011	MARYLAND	o. STATE Maryland b. COUNTY Cecil	
	(if outside corporete limits, and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)	
		16	X Rural North East	
d. NAME OF HOSP	PITAL ORINSTITUTION (II Ko	t in hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDE ON A FA YES \ NO	RM?
3. NAME OF	First	Middle	Last 4. DATE Month Dey Year	-34
(Type or print)	Car1	Victor	Wennberg OF March 12 1962	
5. SEX	6. COLOR OR RACE 7. A	MARRIED X NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 H	
Male	White w	DOWED DIVORCED	Dec.5, 1885   Rest birthdey)   Months   Deys   Hours   Mi	n.
10e. USUAL OCCUPA	TION (Give kind of work rorking life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN	ITRY?
	enter		Stockholm, Sweden USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	-
	Wennbe	**	A	
	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	Anna (no information) NFORMANT Address	
	(If yes give wer or detes of service		- T-15	
No Cause OF	DESTU (Enter only one saw	se per line for (e), (b), end (c).	rs. Esther M. Wennberg, North East R.D., Md.	-
	TH WAS CAUSED BY:	se per fine for (e), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH	H
16	IMMEDIATE CAUSE (0)	Coronary thr	ombosis	
4-5	O DUE TO			
Conditions, if en	(w)	arteriol	scleratic heart disease	
geve rise to immed (e), steting the	DITETO			
cause lest.	(c)			
Z PART II. OTHI	* *************************************	IS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTO	PSY
DIL			PERFORME	-
20e. EXTERNAL C	ALISE WAS   20h	DESCRIBE HOW INTIRY OCCUPED A	nter neture of injury in Pert I or Pert il of item 18.)	KI
PRIMARY OF CO	ONTRIBUTING	DESCRIPE HOW HOOK! OCCORES. IS	and the state of t	
20c. TIME OF INJ 8 Hour e.m.			CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State	)
8 Hour e.m.	3 12.62	While Not While fect	Nor th East Cecil Md.	
21. I certify	that I took charge of th	e remains described above, he		on
death resulted				
	20		CHIEF MEDICAL EXAMINER	
ACTUAL !	7. 11.	V16.		
SIGNATURE	of exception C	Menella gea C	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED	
EXAMINER'S NAME (Type)	mello	oeun uur	DEPUTY MEDICAL EXAMINER 3/12/62 Address (Street, city, town, or county)	
22e. BURIAL, CREMAN REMOVAL (Specif		22c. NAME OF CEMETERY OF		
Cremation	3-15-62	Silverbrook	Wilming ton 1 Delawater	
23. FUNERAL DIRECTO	OR 090	ADDRESS		
Jusep	a Vi Frant		DATE MAR 1 5 '62 Collins S. France	
Joseph	K. Grant	North East, M1.		

LINETANT OF THE STATE ST the control of the control of the . H. Disso dan de la la companya de la companya del companya del companya de la c A STATE OF THE PARTY OF THE PAR rectant from the second second